

Ricketts (B.M.)

ONE HUNDRED AND FIFTY CIRCUMCISIONS,

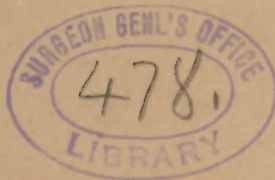
AND THE LESSONS THEY TEACH.

A Paper read before the Cincinnati Medical Society, meeting of February 9, 1892,

BY

B. MERRILL RICKETTS, M.D.,

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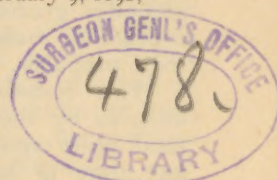
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Unlike David, coming to Saul with the captured Philistines, I do not bring to you two hundred prepuces as evidence that I have slain that number of Christians.

The earliest mythological information we have is upon Osiris's return to Egypt. He found that Typhon had caused great dissension among the Egyptian people. Typhon dismembered Osiris and cut him into fourteen pieces, giving to each of his followers a piece, he himself securing the phallus. Isis, the spouse of Osiris, by some intrigue, came into possession of the government, and having secured all of the pieces except the phallus, which Typhon had cast into the sea, caused many statues to be erected, each of which was to contain a piece of Osiris, that he might be worshiped as a god.

The phallus was ordered special worship, hence the phallic worship and the sacredness of the white bull Apis of the Egyptians, which was chosen to represent Osiris.

The Biblical history is found in Genesis xvi: "This is my covenant betwixt me and you, and thy seed after thee, every man-child among you shall be circumcised, and ye shall circumcise the flesh of your foreskin, and it shall be a token of the covenant betwixt me and you."

It is said that Abraham was the first to make the operation, having first operated upon himself, upon his son, and then upon his servants, four hundred in number.

The Egyptian Pyramids are the third source of our historical knowledge of this performance, they dating us further back than Remisis II. Being a firm believer in the theory of the origin of the human race being in the western world, I must say that these pyramids indicate that the custom of circumcision was practiced long before their existence, as indicated by some of the explorers of Yucatan, who state authentically that the operation was made some twelve thousand years ago. The various tribes of the North

American Indians have practiced the custom for many generations, and we find that it is the custom with the Abyssinians, Arabs, and Hottentots, the latter circumcising the females also. The Australian and African cannibals consider the flesh of the circumcised finer and more delicious for this reason, and offer greater compensation for the capture of males who are divested of their prepuces.

The custom seems to have been adopted by the Jews about six thousand years ago, and does not seem at any time to have lost its popularity. However, my object is not to enter so much into the history of this custom, and kinds of operation adopted by the various peoples of different countries, as to speak of a few of the 150 operations I have made during the last ten years.

First, I would like to speak of the indications for this operation, they being divided into local and systemic:

<i>Local Indications.</i>	<i>Systemic Indications.</i>
1. Hygienic.	1. Onanism.
2. Phymosis.	2. Seminal emissions.
3. Paraphymosis.	3. Enuresis
4. Redundancy.	4. Dysuria.
5. Adhesions.	5. Retention.
6. Papillomata.	6. General nervousness.
7. Eczema {acute chronic	7. Impotence.
8. Œdema.	8. Convulsions.
9. Chancre.	9. Hystero-epilepsy.
10. Chancroid.	
11. Cicatrices.	
12. Inflammatory thickening.	
13. Elephantiasis.	
14. Nævus.	
15. Epithelioma.	
16. Gangrene.	
17. Tuberculosis.	

18. Preputial calculi.

a Hip-joint disease.

b Hernia.

Hygienic.—I have made many operations for eczema (both acute and chronic), balanitis, posthitis, and balano-posthitis, all of which are attributable to uncleanness. These conditions may be the result in the most fastidious.

About 20 per cent. of those I have made, both in childhood and adult life, have been for phymosis, while 5 per cent. would be the proportion of those for paraphymosis, conditions for which the operation should always be made; also for that of redundancy, which constitutes about 20 per cent. (By redundancy, I mean where the phallus more than covers the gland.

Œdema from any cause, or in any degree, should not prevent the removal of the prepuce.

In cases of chancre (Hunterian) I think that it is our duty to always remove them by a complete circumcision when their removal can be accomplished in this manner, as it has been fully demonstrated that excision does in a few cases prevent, and in many more mitigate, the severity of the disease.

In cases of chancroid, I sometimes hesitate if they are several days old. However, I have removed several by complete circumcision, after destroying as thoroughly as possible the diseased tissue with a red-hot iron. This may be successfully accomplished without pain if two or three grains of cocaine be injected into the prepuce five minutes before the operation. In one case,

I did not meet with success, owing, perhaps, to my inexperience in the use of the actual cautery.

Phagadenia developed, and almost denuded half of the organ, so that much time was lost and pain endured in granular healing, erections being the cause of pain.

Papillomata should always be a cause for the operation, especially when the prepuce cannot be retracted. The moistened condition is always favorable to the development of such growths. If the prepuce cannot be retracted, owing to these growths, as is the case with the soft chancre, the lateral incision should be made and the flaps allowed to care for themselves. In this way the gland may be thoroughly cleansed at frequent and regular intervals. After the storm has passed, and the tissues are free from the possibility of infection, the flaps may be removed by a secondary operation.

The result of many hard and soft chancres is contraction of the prepuce to such a degree that it cannot be retracted. The *cicatrices* in these cases can only be treated by an operation.

Inflammatory thickening demands in almost every case the Cloquet operation, as does elephantiasis, also. The latter, however, is very rare.

Nævi, when upon the prepuce, should receive the same treatment.

Epithelioma, in the majority of cases, has progressed to such a degree that the gland has become involved, but when this is not the case immediate and radical circumcision should be made. I think that many of these cases of epithelioma can be entirely

cured, like epithelioma of any other part of the body, if excised in its earlier stage of development. Why not?

Gangrene does its own work, as a rule, but should there be an irregular border it would be best to make it symmetrical.

Tuberculosis is not infrequently found upon the foreskin, showing that, like venereal lesions in general, it may infect any portion of the body where an abrasion exists. In point of fact, I think any lesion upon the prepuce demands its immediate removal.

Prepuceal calculi are not so frequently found among our people as among the Chinese, who are proverbial for the great number and enormous size of these calculi. They are not allowed to become so large among civilized people, but whenever found should be removed by means of the operation.

Onanism many times is due to an irritable gland, caused by the accumulation of smegma and urine salts, especially with children, and once the habit is formed it does not matter what is done, the habit will continue to a greater or a lesser degree. In consequence thereof, I always advise and make the operation.

Seminal emissions, as a rule, are diminished 75 per cent. in frequency by this operation alone. I have never seen it fail to benefit patients suffering from this trouble.

Enuresis, dysuria, and retention are invariably benefitted, if not cured, in childhood, by removal of the foreskin.

General nervousness, where no

cause can be assigned, is frequently due to penal irritation, and many times have I seen great relief given, and in a few cases a cure brought about, by this simple operation.

Impotence I find very much benefitted by the operation. I also find that in some cases the mental effect is good, that alone with a few justifying the operation.

Convulsions I have found to be in several cases due to a tightened, adherent or an elongated prepuce. My experience has taught me that immediate relief can be given by the operation.

Hystero-epilepsy I think is a result found in girls and boys alike. No girl or boy baby should be allowed to become one month old without a thorough examination of the genitals having been made. In many of these cases in girls, or even women, adhesions, growths, or malformations are the source of the irritation, and should receive immediate and radical attention.

I do not mean to report in detail all of the operations; merely those which I think will be of the greatest interest—those which have afforded me more information upon this subject than all that I have read.

I wish to say right here that I make it a rule to remove the prepuce in every case of gonorrhœa I treat. This is one of the requirements that I make. If this is done no complication with the phallus will arise. Cleanliness can better be secured and more perfect drainage obtained, which surely lessens the possibility of cystitis and orchitis.

REPORTS OF CASES.

A., is twenty-nine years old, and was circumcised at the age of ten years by the family physician, who removed the prepuce by twisting a wire upon it, actually tearing the skin asunder, claiming to the patient that he was afraid of fatal hemorrhage if he did otherwise. The result was that the inner skin became adherent to the gland throughout its entirety. After injecting three grains of cocaine into the adherent tissues, above which was a light rubber band, I removed enough skin to bare the gland, which was cauterized, so as to prevent the reuniting of the surfaces. A good recovery ensued, leaving the gland entirely bare.

B., aged forty-eight years, fair habits except excessive venery. Impotence for two years. Cocaine; removal of an elongated prepuce, eighteen months ago; condition improved 75 per cent.

C., a widower fifty-four years old, impotent and much debilitated from constitutional causes (syphilis); no erection for ten weeks; circumcision with cocaine and Cloquet method; improvement marked. I find in such cases as these the condition most favorable for the operation, and I now never hesitate to perform it, leaving the gland entirely bare.

D., three years old, occurred eighteen months ago. I was called, and found the boy in convulsions. Upon examining the penis, found that the prepuce could not be opened. Upon questioning the parents, I found that

the child cried, and at times screamed aloud, upon attempting to urinate. I made the median incision, finding one-half of the gland adherent to the prepuce. The child rallied from the anæsthetic (chloroform), and has remained free from any further attacks, he having had these convulsions since six months of age.

E., nine years old, nervous and hysterical; prepuce much elongated, and so tight that it could not be retracted. Cocaine, operation, and recovery. His mother states that he is perfectly well, and free from any trouble whatever.

I should also like to refer to a female case which I examined last summer. The child had trouble in urinating, and an examination revealed an almost similar condition as reported by Remondino. This case shows us that it is of great importance to examine females, as well as males, as soon after birth as possible.

A thin membrane was adherent to the clitoris, extending from the urethral meatus in such a way that the urine did not pass directly outward, but upward, a distance of an inch or more, and then out. In other words, a false channel had been formed. This was freely opened, and all of the excessive nervousness disappeared.

Now that I have gone over a few of these cases, I should like to speak of the kinds of operations. The greatest number I have performed were after the Cloquet method. Each case, it seems to me, is a case of itself. There is no rule. If the phallus is long, perhaps an incision would be sufficient. I

generally make three cuts, and then sew up the wound. I sometimes cut the bridle, but seldom have hemorrhage. If the skin is short, all that is necessary is a median incision. If the prepuce covers the gland, it is necessary to make three incisions. In a case of papillomata, I can find nothing better than making three incisions. We have a general complaint that the operation is annoying. I wish to state that all operations are more or less annoying. As to the sutures in sewing the wound, would say that I now always use the cat-gut suture. I was under the impression, formerly, that silk was better than any other, but I have gotten over that. My dressing is generally a dry one, and I allow it to remain a week. I do not apply a wet dressing, because it is apt to cause an erection. If this should occur, tearing the stitch out, there is a way of bringing the skin back, covering it, and sewing it together. I usually take a stiff piece of paste-board, cut a hole in it, press it down upon the gland, and secure with adhesive straps. I feel confident in stating that there are not enough of these operations performed. No child should go unexamined, as this is one of the greatest annoyances of infancy.

DISCUSSION.

DR. DANDRIDGE:

This subject is one of exceeding interest to me, and I am glad that it has been brought to our attention. I am also of the opinion that there are not enough of these operations performed, and many cases which clearly indicate the necessity of one are often over-

looked. If I mistake not, the Doctor did not speak of hip-joint disease in male children. This is also very often overlooked. I think that under all circumstances male children should be examined, and where there is a positive elongation an operation should be performed. I myself have seen men in an advanced period of life—men with families—where the prepuce was elongated and they were unable to expose the gland. In children I have seen nervous symptoms accompany the disease. The advice given by the Doctor in regard to the character of the operation is good advice, but he fails to mention whether he performs the operation with a knife or the scissors. There are many of these cases that are exceedingly difficult to dress after the operation has been performed. In reference to the operation in chancre, I wish to say that it is always indicated. The operation is not a grave one, and in our present state of knowledge I think we are taught always to perform it. If we succeed, we have indeed relieved our patient; if we do not, there can have been no serious damage done. Most of my cases have been in hospital patients. In all cases where we have a chancre located about the prepuce, the proper thing to do is to remove same. I remember one or two cases where circumcision was performed for apparent hip-joint disease. I have a case under my care now which I for awhile treated for hip-joint disease, with very little relief. In all probability, I shall perform the operation of circumcision, and hope that this will afford my patient permanent relief.

DR. MARCUS:

The operation mentioned I have performed for a number of years. One case in particular do I recall, which was that of a man twenty-one years of age, with a narrow prepuce; near it I found a soft sore, which was impossible to treat until the operation had been performed. I was called some years ago to a family who had a singular experience with circumcision. The father had performed the operation, when a severe hemorrhage followed which he was unable to control. They sent for me, and I did all in my power to check the flow, but the child being a weak one since birth, died from the effects of an excessive loss of blood. The child was not strong enough to undergo the operation at the time, but it being the custom with this class of people to perform the operation eight days after birth, they acted according to the teachings of their religion, with the above-stated results. In speaking of circumcision generally, and the customs of the various people whom our essayist mentioned, that of the Jews differs in many respects. In Europe, the operation is performed only by a licensed physician, but may also be performed by the laity, assisted by a licensed physician. In America this class of people do not adhere as precisely and accurately to the rules and customs accompanying this operation as their orthodox and European co-religionists. I have seen many cases of circumcision, however, which were very poorly done. The orthodox Jews have the habit of taking the organ into their mouth, and sucking

the blood after the operation has been performed. But this is done only by the lower class. A very intelligent Russian called at my office the other day and informed me that he had circumcised his child two weeks ago, and had followed the custom of sucking the organ to stop the flow. I examined his mouth and found it syphilitic. In reference to hemorrhage, I wish to state that in one case of hemorrhage that I remember the blame was attached to the nurse who, it was claimed, had not attended to the dressing from the time the physician left (this was in the morning). The child died, but I do not doubt that if medical aid had been summoned sooner the child might have been saved.

DR. EDWIN RICKETTS:

There is one thing mentioned in the paper that I cannot let go unchallenged. That is the statement of not using heamostetic forceps in cases of hemorrhages. I always use them, and there is not another instrument that I consider more suitable or one that would answer the purpose as well.

DR. B. M. RICKETTS, in closing the discussion, said:

I am glad Dr. Dandridge mentioned apparent hip-joint disease. Although I have never encountered it, I firmly believe that it exists, as reported by the various men of unquestionable veracity. Dr. Chas. T. Phythian reports to me a case that came under the care of Dr. Dawson and himself, which, after being circumcised, was relieved of all hip trouble.

I now have a boy four years old suffering from hernia (scrotal). His

father states that it was first noticed four weeks ago. I have found an elongated prepuce which can not be retracted. Upon the suggestion of Dr. Dandridge, I shall propose the operation, and report later its results.

Hemorrhage is sometimes due to tearing the inner skin too far back, thus involving the corona, or body of the glans at the point of union with it of the inner skin.

I am convinced that the knife, and not the scissors, should always be used, primary union being more likely to take place. As to dressing for infants, I would say that a zinc paste or a few cotton fibres with collodion has given better satisfaction than any I have used.

Suction for the relief of hemorrhage was abolished in France about 1846, but is practiced yet to some degree by the lower classes.

I refrain from the use of forceps as much as possible, even for torsion, depending upon hot water and pressure of sutures. A slough will always result where the forceps have been applied to this delicate tissue.

I wish to mention the case of a man forty-nine years of age, who, during infancy, had never been examined by either father or mother, and had remained in this condition all these years. I made the operation, dressed it, and about an hour afterward had a severe hemorrhage. I think I am safe in stating that the man lost a pint and a half of blood. I removed the dressing and applied the forceps and ligatures. I was successful in checking the flow, but a small slough resulted. In all of my experience I have had but three

cases where hemorrhage developed after the dressing was applied. I have, however, used the forceps many times, but I use them less each year.

B——, of Bale, says that the following have been his observations, and the same statement is found among the literature of different countries: "During the intermittent fever in Rome, 1691, the Jews did not suffer as severely as the Christians. In Prague, the mortality of the Jewish children was 10 per cent., that of the Christians 14 per cent. In the Mt. Sinai Hospital, of New York, we have a like report to make. The observations of Dr. B—— have been that longevity of the Jews is 45 per cent., that of the Christians is 36 per cent." There must be something in the operation. There is 17

per cent. less consumption in New York among the Jews than among the Christians. I have made a careful study of this subject for the last eight or ten years, and am free to confess that I am of the opinion that all males should be circumcised as soon after birth as is found practical. The Jews, whose custom it is to have the operation made, have a less mortality, fewer still-born, less illegitimacy, less crime, less insanity, and greater longevity than the Christians.

I will say that since beginning my paper that I have had the pleasure of reading Dr. P. C. Remondino's most excellent book on circumcision. Hoping that there may be free expression on this subject, I now submit it to your consideration.

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